

VOLUNTEER RECRUITMENT FORM

FILL OUT THIS FORM TO INCLUDE YOUR ORGANIZATION'S VOLUNTEER NEEDS IN BLOOMINGTON VOLUNTEER NETWORK PUBLICITY.

ORGANIZATION NAME _____ DATE _____

ADDRESS _____ E-MAIL _____

PHONE _____ CONTACT PERSON _____ LIST NAME IN PROMOTIONS ☐ YES ☐ NO

WHEELCHAIR ACCESSIBLE? ☐ YES ☐ NO ON BUS ROUTE: ☐ CITY ☐ IU ☐ RURAL TRANSIT

VOLUNTEER POSITION _____

DUTIES/ RESPONSIBILITIES/ QUALIFICATIONS _____

NUMBER NEEDED _____ WHEN NEEDED _____ FOR HOW LONG? _____

MINIMUM AGE _____ FAMILIES WELCOME _____ (SEE "FAMILY MATTERS" DESCRIPTION)

WILL YOU ORIENT & TRAIN? _____

TIME NEEDED: STANDARD WORK DAY ☐ EVENINGS ☐ WEEKENDS ☐

HOW WILL YOU EVALUATE VOLUNTEER? _____

ADDITIONAL INFORMATION FOR SPECIAL EVENTS / TRAINING PROGRAMS

NAME OF EVENT/PROGRAM _____

DATE OF PROGRAM _____ LOCATION _____

PROGRAM HOURS/SHIFTS _____

FOR BVN OFFICE USE ONLY:	RECEIVED _____
COL _____	HL _____ TV _____ SE _____ TR _____

MAIL OR FAX COMPLETED FORM TO:

BLOOMINGTON VOLUNTEER NETWORK
COMMUNITY & FAMILY RESOURCES DEPT./CITY OF BLOOMINGTON
BLOOMINGTON, IN 47402-0100
FAX: 812/349-3483

PLEASE NOTIFY US WHEN A POSITION HAS BEEN FILLED OR DISCONTINUED. CONTACT JOHN AT 349-3469.